

**ALLEGAN COUNTY FITNESS CENTER**  
**Member Enrollment Application**

**Acknowledgement/Risk Assumption**

I, \_\_\_\_\_, hereby acknowledge and agree to the following:  
*Member Applicant Name Printed Legibly*

1. **Voluntary**: I agree that I have voluntarily chosen to use the Fitness Center. I further understand and acknowledge that any and all time spent observing, participating in physical activities, or using the Fitness Center or equipment therein is on my own time, during non-working hours, and is wholly social and recreational in nature and does not fall under the scope or my duties with Allegan County or of the eligible Outside Agency Employers (if applicable). \_\_\_\_\_ (Member Applicant Initials)
2. **Use of Equipment**: I agree that I am familiar with the equipment of the Allegan County Fitness Center. I recognize that the use of the Fitness Center and its equipment is inherently dangerous and may present health and safety risks to me. I recognize that not all of those risks are known to me. I agree to use the Fitness Equipment for intended purposes only. I agree to pay for damage to the fitness equipment caused by my negligence, misuse, abuse, or carelessness. I further recognize that there is no attendant at the Fitness Center to train me in the use of, or monitor my use of, the Fitness Center or its equipment. \_\_\_\_\_ (Member Applicant Initials)
3. **Personal Property**: I understand that Allegan County is not responsible for damage, loss or theft of any clothing or other personal property that I bring to the Fitness Center, and I agree not to hold Allegan County liable for any such losses that may occur. \_\_\_\_\_ (Member Applicant Initials)
4. **Safety and Security**: I understand that the Fitness Center is not a private place. I understand that in order to promote the safety of Allegan County employees, visitors, Fitness Center users, as well as the security of its facilities, Allegan County will conduct video and audio surveillance of the Fitness Center. Private areas near the Fitness Center (including but not limited to restrooms, showers, and dressing rooms) ***are not*** subject to video or audio surveillance. I hereby give my consent to such video and audio surveillance. \_\_\_\_\_ (Member Applicant Initials)

**Assumption of Risk, Release and Waiver of Liability and Indemnification**

Despite the health and safety risks, I acknowledge my desire to utilize the Fitness Center and its equipment, and hereby waive and release Allegan County, its agents, officers, employees, insurers, and agents from any legal claims arising out of or relating to my access to or use of the Fitness Center or its equipment. This waiver and release is binding on me and anyone who tries to claim through me.

In exchange for the right to use the Fitness Center, I covenant that neither I nor anyone on my behalf will bring legal action (loss, liability, claim, damages, or costs) against Allegan County or any department, officer, agent or employee regarding my use of the Fitness Center and its equipment or the consequences or damages from that use, whether due to my negligence or otherwise. If such a suit is filed, I agree to defend and hold the above identified entities and persons harmless, including the payment of their reasonable defense costs and attorney's fees.

I acknowledge that the Fitness Center is offered for personal use may involve strenuous physical activity including, but not limited to, muscle strength and endurance training, cardiovascular conditioning and training, and other various fitness activities. I understand that my access of the Fitness Center carries certain risks and hazards associated with exercising and use of Fitness Center equipment, and I accept

those risks. These risks vary from activity to activity and can range from minor injuries (e.g., bruises and sprains) to major injuries (e.g., joint and back injuries, heart attacks) or death. I understand that the Fitness Center is not staffed, and I agree to assume any and all risks (known and unknown) to my health or safety that may arise as a result of that use.

By signing below, I acknowledge that: (1) I have read and understand the Fitness Center Policy and Fitness Center Use and Conduct Rules. I agree to obey all Allegan County's policies, rules and regulations regarding the use of the Fitness Center and its equipment. (2) I will not facilitate the use of the Fitness Center or its equipment by any person not authorized to use them or who is not an enrolled member. (3) I further acknowledge that the County has the right to revoke use/access at any time, for any reason. (4) I agree to all the terms of this Acknowledgment. (5) I am voluntarily signing this agreement and have consulted with an attorney to the extent I felt it was necessary.

\_\_\_\_\_ (Member Applicant Signature)

\_\_\_\_\_ (Member Applicant Printed Name)

\_\_\_\_\_ (Date)

### **Background Check Authorization**

As a condition of and in consideration for Allegan County's approval of this Membership Enrollment Application, I give permission to Allegan County to investigate my criminal background. I understand that this background investigation is being conducted to ensure safety and security of Fitness Center equipment, County property and staff. Failure to pass this background screening investigation is at the sole discretion of the County and will result in the denial of Fitness Center use and access. Use of Fitness Center is prohibited by the Member until the Member has been notified that the enrollment application has been approved.

**Member Applicant Employer/Status:** Check appropriate box below.

- |  |  |
|--|--|
| <input type="checkbox"/> Allegan County Employee                 | <input type="checkbox"/> DHHS Employee                   |
| <input type="checkbox"/> Allegan County Retiree                  | <input type="checkbox"/> Medical Care Community Employee |
| <input type="checkbox"/> Circuit Court Probation (MDOC) Employee | <input type="checkbox"/> Michigan Works Employee         |
| <input type="checkbox"/> Community Mental Health Employee        | <input type="checkbox"/> MSU Extension Employee          |

\_\_\_\_\_ (Member Applicant Signature)

\_\_\_\_\_ (Date)

#### **Allegan County Retirees Only:**

Phone: \_\_\_\_\_

Alternate Phone: \_\_\_\_\_

Email: \_\_\_\_\_

**Submit this form to** Allegan County Human Resources through interoffice mail, fax (269) 673-0367, or email to [HR@allegancounty.org](mailto:HR@allegancounty.org).